

OBJECTIVES: No recent Italian norm EQ-5D data were available. Furthermore, norm data from the new descriptive system with 5 levels were completely missing. The main objective of the present study was to assess an Italian general population reference data using both the standard EQ-5D-3L version and the recently introduced EQ-5D-5L. **METHODS:** Large-scale telephone survey was conducted in November 2013 on 6,800 subjects from the general population of the Lombardy region, with 9.8 million residents. They were recruited to be representative of the Lombardy general adult population as regards age (from 18 years), gender and geographical distribution. Each participant underwent a telephone interview including the Italian version of the 5L and 3L descriptive system, then, to minimize memory effects, between the two descriptive systems the participants were asked to report their socio-demographic data, and finally they answered the question on the visual analogue scale (VAS). The data collected with the 3L and 5L version descriptive system were converted into utilities. **RESULTS:** Participants were 48% male with a mean (SE) age of 51.9 (0.21). Around half (51.3%) of the participants specified they have a paid or unpaid work, 15.8% were housewives, 6.2% students were, 5.3% idles and 26.5% retired. Overall no problems were reported by 86.5% (3L) and 84.2% (5L) with mobility, by 96.1% (3L) and 94.2% (5L) with self-care, by 88.0% (3L) and 84.9% (5L) with usual activities, by 58.4% (3L) and 52.8% (5L) with pain/discomfort, and by 66.5% (3L) and 61.7% (5L) with anxiety/depression. The mean (standard error) and median VAS was 78.2 (0.2) and 80. Mean (SE) utility index obtained from both the 3L and the 5L versions was 0.915 (0.001). **CONCLUSIONS:** Reference EQ-5D-3L and EQ-5D-5L data on the Italian general adult population are now available. Although these data were collected in the Lombardy region we can consider our results a good proxy of the full Country.

PIH62

PATIENT PREFERENCES: PRO MIXED MODES - EPRO VERSUS PAPER

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OBJECTIVES: This presentation expands on a previous ISPOR presentation on patient acceptance of the use of Mixed Modes for collecting PROs in trials. The ISPOR PRO Mixed Modes task force recommends when mixing modes to avoid mixing paper with ePRO. However, interest in using paper for PRO collection still exists. This presentation will investigate survey data to examine if patients prefer ePRO over paper. **METHODS:** The research (conducted in 2013) includes patients globally (N=405) who participated in at least one clinical trial requiring patient diaries in the past two years. Patients were asked about previous diary experiences and future trial participation. The previous presentation showed most patients are in favor of mixed modes—mainly due to being able to choose their preferred mode. This presentation focuses on patients with prior experiences with both paper and ePRO (N=167). **RESULTS:** Of paper/ePRO experienced patients, 77.3% preferred ePRO; 76.1% had high agreement that ePRO makes diary participation easier; 73.1% had high agreement that ePRO-use makes them more willing to participate in future diaries. Of patients who prefer ePRO, those who used ePRO in their most recent trial had significantly higher satisfaction ratings (87.0%) than those who used paper (55.2%), $p < 0.001$. Low agreement ratings were associated with dissatisfaction and longer times per diary entry. **CONCLUSIONS:** These findings show most patients prefer ePRO and satisfaction rates are higher when patients use their preferred ePRO mode. Sponsors should consider using ePRO due to patient preference, as higher satisfaction is associated with optimal compliance and data quality when implemented appropriately. As lower agreement was associated with dissatisfaction and longer times per entry, this indicates there may have been issues with ePRO implementation or instrument selection. Proper implementation planning should include appropriate ePRO mode/instrument selection, ensuring ease of use while keeping patient burden low and satisfaction high.

PIH63

IMPLEMENTATION OF AN AMBULATORY PHARMACIST-MANAGED ANTICOAGULATION CLINIC IN QATAR: DEVELOPMENT OF A NEW SERVICE AND A PILOT ON PATIENTS' SATISFACTION AND QUALITY OF LIFE

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OBJECTIVES: Pharmacist-managed anticoagulation clinics have been shown to improve the quality of life (QoL) of patients receiving anti-clot treatment. The first pharmacist-managed anticoagulation clinic in Qatar was established at Al-Wakra Hospital in March 2013. This study aims to report the development of a new pharmacist-managed service and to determine the patients' satisfaction with the new service and their overall QoL using a validated instrument called Duke Anticoagulation Satisfaction Scale (DASS). **METHODS:** A new pharmacist-managed anticoagulation clinic was successfully developed through agreements with physicians on the scope of the service. A prospective cross-sectional study using 25-item DASS QoL instrument was conducted at the Anticoagulation Clinic of Al-Wakra Hospital. An Arabic-translated version of the tool that was conceptually equivalent to the original English version was developed through linguistic validation and cultural adaptation processes. Each item was assessed using a 7-item Likert-type scale with lower values indicating a better QoL and greater satisfaction. The primary outcome measures were QoL and satisfaction. **RESULTS:** Of the 50 patients attending the anticoagulation clinic, 25 consented to participate in the study. The mean total QoL score of the population was 66 ± 24 (range 34-118), indicating modest QoL. Male patients reported a better QoL than female patients (61.7 ± 19.5 vs. 73.3 ± 30.7 ; $p = 0.255$). Furthermore, participants who were naive to anticoagulation treatment showed better QoL compared to non-naive participants (61.3 ± 22.3 vs. 80.3 ± 26.0 ; $p = 0.093$). However, these differences did not reach statistical significance. **CONCLUSIONS:** Patients receiving anticoagulation service managed by pharmacists in Qatar have expressed satisfaction with the service and a modest QoL that was comparable to what has been reported in the literature. Additional studies with larger samples are required to further document the value of the new service.

PIH64

FAMILY PREFERENCES IN THE VOLUME VERSUS OUTCOME DEBATE: IMPLICATIONS FOR THE DELIVERY OF COMPLEX PEDIATRIC CARE

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OBJECTIVES: A Relationship between volume and outcome for complex medical procedures has been used as an argument for regionalization; however, this must be balanced against preferences to have care delivered close to home. The objective of our study was to determine how families trade-off variations in risk against the ability to have complex pediatric care delivered locally. **METHODS:** Twenty parents of children without serious medical problems seen in an outpatient clinic participated in a probability trade-off experiment involving two scenarios in which they were asked to imagine their child required a complex medical procedure ('low-risk'=5% mortality, 'high-risk'=30% mortality) available locally or at an alternate large center 2.5 hours away by air. Numeric and graphic representations of mortality risk were reduced in a stepwise fashion for procedures performed at the alternate center. Thresholds at which participants chose to travel were identified. Participant's decisions were then challenged by increasing the costs incurred by travelling to the alternate center. **RESULTS:** In the low-risk scenario, participants chose not to travel until absolute risk was reduced by $2 \pm 0.2\%$ (relative risk reduction of $39 \pm 3\%$). In the high-risk scenario, a larger absolute risk reduction ($5.1 \pm 0.8\%$, $p = 0.0001$) but smaller relative risk reduction ($17 \pm 3\%$, $p = 0.0001$) triggered a decision to travel. In the low-risk scenario, only 2 of 8 participants with household income $> \$100,000$ /yr changed their decision to travel when faced with additional costs; however 8 of 12 with lower income changed their decision ($p = 0.07$). In the high-risk scenario, 1 of 8 in the high income group changed their decision compared to 7 of 12 in the low income group ($p = 0.04$). **CONCLUSIONS:** Many families would trade substantially higher risk to have complex pediatric care delivered locally. These results have implications for policy development related to delivery of complex care at smaller children's hospitals located far from large urban centers.

PIH65

EVALUATING PREVALENCE OF SELF-MEDICATION IN BAHAWALPUR

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OBJECTIVES: Aim of this study was to determine the prevalence and pattern of self-medication among different classes in Bahawalpur community **METHODS:** It was a cross-sectional descriptive study targeting residents of Bahawalpur including almost every class and gender. Sample size was calculated and 10% was added to encounter non response, respondents were selected through convenience sampling method. The data was collected using a pre-tested self-administered questionnaire. The data collection tool was tested and restructured after a pilot study on a small number (10% of the calculated sample) of population was tested and re-structured. The data was analyzed using SPSS version 15 and the results were tabulated. **RESULTS:** A total 420 of the participants responded including literate 280 (66%) illiterate 140 (33%). Most of the respondents were motivated towards self-medication due to high cost of prescription medicines ($n = 312$; 74.3%), weak trust on physicians ($n = 404$; 96.2%) and drug sellers ($n = 217$; 51.7%). Significantly high percentage of medical professionals ($n = 111$, 77.6%; $p = 0.08$) had opinion that self-medication gives desired results as compare to respondents with no-medical background ($n = 180$; 65%). **CONCLUSIONS:** It was concluded that self-medication is common among the residents of Bahawalpur and prevails more among literate and medical health care professionals as compare to illiterate and those not with medical background.

PIH66

A SYSTEMATIC REVIEW TO IDENTIFY THE USE OF PREFERENCE ELICITATION METHODS IN HEALTH CARE DECISION MAKING

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OBJECTIVES: Preference elicitation methods (PEMs) offer the potential to increase patient-centered medical decision-making (MDM), by offering a measure of benefit along with a measure of value. Preferences can be applied in decisions on: reimbursement, including health technology assessment (HTA); market access, including benefit-risk assessment (BRA), and clinical care. The three decision contexts have different requirements for use and elicitation of preferences. The aim of this systematic review was to identify studies that used PEMs to represent the patient view and identify the types of health care decisions addressed by PEMs. Additionally, PEMs were described by methodological and practical characteristics within the three contexts' requirements. **METHODS:** Search terms included those related to MDM and patient preferences. Only articles with original data from quantitative PEMs were included. **RESULTS:** Articles ($n = 322$) selected included 379 PEMs, comprising matching methods (MM) ($n = 71$, 18.7%), discrete choice experiments (DCE) ($n = 96$, 25.3%), multi-criteria decision analysis ($n = 12$, 3.2%), and other methods (i. e. rating scales), which provide estimates inconsistent with utility theory ($n = 200$, 52.8%). Most publications of PEMs had an intended use for clinical decisions ($n = 134$, 40%), HTA ($n = 68$, 20%), or BRA ($n = 12$, 4%). However, many did not specify an intended use ($n = 156$, 41.1%). In clinical decisions, rating, ranking, visual analogue scales and direct choice are used most often. In HTA, DCEs and MM are both used frequently, and the elicitation of preferences in BRA was limited to DCEs. **CONCLUSIONS:** Relatively simple preference methods are often adequate in clinical decisions, because they are easy to administer, give fast results, place low cognitive burden on the patient, and low analytical burden on the provider. MM and DCE fulfill the requirements of HTA and BRA but are more complex for the respondents. There were no PEMs that had low cognitive burden, and strong methodological underpinnings which could deliver adequate information to inform HTA and BRA decisions.